Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-30-07</u>	Address:	LILAC NORTH OF US 6
Case #:	<u>24-28468</u>		PLYMOUTH, IN 46563
County:	MARSHALL		
Type of La	boratory Seizure (check one)	Seizure Location (c	heck all that apply)
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	 Hotel/Motel ○ Open – No Structure ○ Other;
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ✓ Lithium/Ammonia Reaction(s): Woods ☐ Red Phosphorous/Iodine Reaction(s):			
∏ Flammable Solvents: <u>WOODS</u>			
Water Reactive Metal (Lithium): WOODS			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): WOODS			
Corrosive Acid:			
Corrosive Base:			
Other (item and location): <u>Lab items (Vehicle)</u>			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>LAPAZ FIRE</u> artment: <u>MARSHALL CO,</u> ction Service: <u>N/A</u>	Fax: <u>784-2</u> Fax: <u>936-9</u> Fax:	<u>247</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JASON FAULSTICH</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case (ide, and a copy sent to the Claudestine Laboratory Team Leader for retention.